



BASIC INFORMATION

DESCRIPTION

Chest pain arising from the heart, usually under the sternum (breastbone), due to a lack of oxygen to the heart muscle. It can be brought on by exercise, emotional upset or heavy meals in a person who has a heart disorder. Normally the arteries that supply blood to the heart can cope with an increased demand, but if coronary artery disease is present or high blood pressure, the flow is restricted. It affects men over age 35 and postmenopausal women.

FREQUENT SIGNS AND SYMPTOMS

- Tightness, squeezing, pressure or ache in the chest.
- Sudden breathing difficulty (sometimes).
- Chest pain similar to indigestion.
- A choking feeling in the throat.
- Chest pain that radiates to the jaw, teeth or earlobes.
- Heaviness, numbness, tingling or ache in the chest, arm, shoulder, elbow or hand usually on the left side.
- Pain between the shoulder blades.

CAUSES

- Coronary-artery disease with partial blockage or spasm of arteries that supply blood to the heart.
- Anemia.
- Overactive thyroid gland.
- Heartbeat that is too fast.
- Heart-valve disease.

RISK INCREASES WITH

- Smoking, obesity, diabetes mellitus.
- High blood pressure, high blood-cholesterol levels.
- Excess intake of fat or salt.
- Sedentary lifestyle, fatigue, overwork or stress.
- Family history of coronary-artery disease.
- Exposure to cold and wind.

PREVENTIVE MEASURES

- Obtain medical treatment for underlying causes or risks.
- Don't smoke.
- Eat a diet that is low in fat and low in salt. Lose weight if you are overweight.
- Avoid the stressful physical or emotional factors that trigger angina attacks.
- Exercise regularly after consulting doctor.

EXPECTED OUTCOMES

Minor angina can be relieved with rest and use of nitroglycerin and other drugs. Other treatment may be necessary to correct underlying diseases.

POSSIBLE COMPLICATIONS

- Heart attack.
- Congestive heart failure.
- Potentially fatal arrhythmias.



TREATMENT

GENERAL MEASURES

- The goal in treatment is to either reduce the oxygen requirements or to increase the oxygen supply. This is usually accomplished with medications.
- If medications cannot control the angina, other treatment possibilities include balloon angioplasty to open blocked coronary arteries or surgery to bypass severely blocked coronary arteries.
- Follow suggestions under Preventive Measures.
- Avoid situations that increase the heart's workload, such as anger, temperature extremes, high altitude (except in commercial airline flights), or sudden bursts of activity.
- Additional information available from the American Heart Association, local branch listed in telephone directory, or call (800) 242-8721.

MEDICATIONS

- Nitroglycerin relieves acute symptoms of angina, but it does not affect symptoms of other disorders. It can work within seconds to relieve pain. Always keep it with you for immediate use.
- Other drugs for coronary disease, such as aspirin, beta-blockers or calcium antagonists may be prescribed. If they are, it is important to follow the prescribed drug regimen.

ACTIVITY

- Learn to adjust activities to minimize attacks.
- Don't use angina as an excuse not to exercise. A regular moderate exercise routine (determined by the doctor) can help to control symptoms.

DIET

- Low-fat, low-salt diet is recommended.
- Weight loss diet if overweight.



NOTIFY OUR OFFICE IF

- You have symptoms of angina pectoris.
- The following occur after diagnosis:
 - An attack of chest pain continues longer than 10 to 15 minutes, despite rest and treatment with nitroglycerin.
 - You wake from sleep with chest pain that does not go away with 1 nitroglycerin tablet. If these attacks continue, report them, even if nitroglycerin relieves them.
 - An attack occurs and the pain is different or more severe than usual.